Signature of Candidate. OR, for all other committees. Chairperson

IN ETWICS AND

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FOR INSTRUCTIONS, SEE BACK OF FORM	21 PH 2: P?	FORM	STATEMENT
		DR-1	OF ORGANIZATION
This is an initial* Statement of Organization		(Rev. 01/2006) For Office Use	
This is an amended Statement of Organization An Initial Statement of Organization must be filed within 10 days of the com	mittee's accepting contributions.	Comm. #	s Orky
making expanditures, or incurring indebtedness exceeding \$750. Amendme	nts must be filed within 30 days of	Indexed	
a change. Penalties may be imposed for late-filed Statements of Organizatic committee that exceeds \$750 in activity for another office shall file within 10	on. A candidate with an open	Audited	
DR-1 disclosing information concerning the campaign for the new office sou	days either a new or amended Sht.	Computer	
COMMITTEE NAME (A candidate's committee must include the		f the committee)	
PAID FOR by STEVE WALLED	t fir lingor con	MITTEE	
MPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Relantion Candidate (2)	Statewide DAC / 3 VEtata Barty / A	Younty Central	Committee
(5 County Candidate (6) City Candidate (7) School Board or Other P	olitical Subdivision Candidate (8)County PAC (9)Çity PAC
(10) School Board or Other Political Subdivision PAC (11) Local Balle	ot issue (including committee invo	ived in multiple c	ity/county ballot (saues)
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mand	latory except for a	candidate's committee)
Name V Committee Treasurer (mandatory for an Committee)			
Name + STEVE WALLER	Name + + STEYE W	ALLEK	
Melling Address + P. G. BOX 725	Mailing Address 1 1 P. O. C	80x 725	
City, State 1 1 Zin Code 1 1	City, State ↓ ↓ Zip Code ↓ ↓	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
City, State 1 Zip Code 1 TOWA 51301	12×		
Phone (7/Z) Z6Z-25Y6 (W)	Phone ()		
O-MAIL WALLER 51301@ YAMO. COM	e-Mali	A series for the Machine	lanua (a)
INDICATE PURPOSE OF COMMITTEE - Check One Box Adv	ocate for/against candidate(s)	idvocate for ballot l idvocate against b	185U0(8) 21 01 cc: us/s)
Comment or description:	County/Local Candidates	and Local Ballot	Committees Enter:
Office Sought: MAYOR	· · · · ·		
Political Party (if applicable)	County: CLAY (If active in multiple ballat is:	sua alectione attac	h list of counties
	•		
District:	Date of Election:	-01	_
Year Standing for Election: 200	Candidate name & Address or	Parent Entity (PAC	Os. if applicable).
Year Standing for Election: 200 Bank Account Name	Candidate name & Address or	Parent Entity (PA) Affiliate, or Spons	S. if apolicable).
Bank Appoint Name ↓↓	Candidate name & Address or	Parent Entity (PAI Affiliate, or Spons	Se if applicable).
Bank Appoint Name ↓↓	Para for by STEVE	Perent Entity (PAC Affiliate, or Spons WAWER:	Os. If applicable). FOR MAYOR COMM. He
Year Standing for Election: 200 Bank Account Name FRMS TR & SAU BK CK 9 Acct Name of Financial Institution/type of Account	Mailing Address 1	= WAUER:	FOR MAYOR COMM. He
Pank Account Name FRMS TR & SAV BK CK'9 AccT Name of Financial Institution/type of Account	Mailing Address 1	= WAUER:	FOR MAYOR COMM. He
Pank Account Name FRMS TR & SAI BK CK 9 AccT Name of Financial Institution/type of Account Mailing Address I	Candidate name & Address or AID FOR by STEVE Mailing Address SPENCAL City	= WAUER:	FOR MAYOR COMM. He
FRMS TR & SAN BK CK 9 Acet Name of Financial Institution/type of Account Mailing Address SPENCER, ZOWA 5/301	Mailing Address SPENCAL City The state of the state	WAUER:	FOR MAYOR COMM. He
Pank Account Name FRMS TR & SAV BK CK'9 AccT Name of Financial Institution/type of Account	Mailing Address SPENCAL City The state of the state	WAUER:	FOR MAYOR COMM. He
FRMS TR & SAN BK CK 9 Acet Name of Financial Institution/type of Account Mailing Address SPENCER, ZOWA 5/301	Phone (7/2) 262-25	WAUER:	FOR MAYOR COMM. He
FRMS TR & SAN BK CK 9 Acet Name of Financial Institution/type of Account Mailing Address SPENCER, ZOWA 5/301	Mailing Address SPENCAL City The state of the state	WAUER:	FOR MAYOR COMM. He
Rank Account Name FRMS TR & SAI BK CK 9 Acet Name of Financial Institution/type of Account Mailing Address	Para for by STEVE Mailing Address SPENCAL City Phone (7/2) 262-22 e-Mail	WAUER:	FOR MAYOR COMM. He
Bank Account Name FRMS TR & SAI BK CK 9 AccT Name of Financial Institution/type of Account Mailing Address	PAID FOR by STEVE Mailing Address SPENCAL City Phone (7/2) 262-23 e-Mail Inner the following:	EDWA State 4 546 (W)	FOR MAYOR COMM. He 51301 Zip ↓ ↓
Bank Account Name FRMS TR & SAI BK CK 9 AccT Name of Financial Institution/type of Account Mailing Address	PAID FOR by STEVE Mailing Address SPENCAL City Phone (7/2) 262-23 e-Mail Inner the following:	EDWA State 4 546 (W)	FOR MAYOR COMM. He 51301 Zip ↓ ↓
Bank Account Name FRMS TR & SAI BK CK 9 AccT Name of Financial Institution/type of Account Mailing Address SPENCER, ZOWA 5/30/ City State STATEMENT OF AFFIRMATION: By filling this document the committee affilt. The committee and all persons connected with the committee understand that rules in Chapter 351 of the lowa Administrative Code.	Para for by STEVE Mailing Address SPENCAL City Phone (7/2) 262-22 e-Mail They are subject to the laws in lows C	EDW A State + + 546 (W)	FOR MAYOR COMM. He 5130/ Zip +
Rank Account Name FRMS TR & SAI BK CK 9 Acet Name of Financial Institution/type of Account Mailing Address SPENCER, TOWA 5/30/ City	Phone (7/2) 262-23 e-Mail tries the following: they are subject to the laws in lows Course reports and that the failure to file to	State 1 State 1 Ode chapters 68A and these reports on or be	FOR MAYOR COMM. He 5130/ Zip
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Rank Account Name Fams Ta & Sal BK CK q Acet Name of Financial Institution/type of Account Mailing Address SPENCER, Towa 5/30/ City State J Zip J J STATEMENT OF AFFIRMATION: By filling this document the committee affiling in Chapter 351 of the lowa Administrative Code. 2. That lowa Code section 68A.402 and rule 351—4.9 require the filling of disclosubjects the candidate or chaliperson (in the case of committees other than a calimposition of other criminal and civil sanctions. 3. That lowa Code section 58A.405 and rules 351—4.98 through 4.43 require the materials except for those items exempted by statute or rule. A committee that it does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form	Phone (7/2) 262-22 e-Mail imms the following: t they are subject to the laws in lows C sure reports and that the failure to file t indidate's committee) to the automatic are placement of the words "paid for by" wishes to register a committee name to in.	State State	Tip \$\displays Comm. He shorter "paid for by" and
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